

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS**

Ramundo Ruiz,

Plaintiff,

v.

CA-07-56-H

U.S. Protect and Michael Mukasey,
Attorney General of the United States,

Defendants.

DECLARATION OF LOUIS G. CHELTON, III, M.D.

I, Louis Chelton, declare as follows

Background

1. I am a Reviewing Physician for Law Enforcement Medical Programs, a department of Federal Occupational Health, which in turn is a component of the U.S. Public Health Service. I have held that position since January 2002. My curriculum vitae is attached to this declaration as Exhibit A.
2. In my capacity as a reviewing physician, I conduct occupational medical reviews for several agencies. Most of my work is for the U.S. Marshals Service=s Court Security Officer (CSO) program.

Medical Review of Ramundo Ruiz

3. Based on records provided me, I was the reviewing physician who recommended disqualification of Mr. Ruiz. I concluded that Mr. Ruiz was not medically qualified to perform the essential job functions of the CSO position due to a

specific and limited hearing impairment as measured by the U.S. Marshals Service=s hearing standard and testing protocol. Prior to making my decision to medically disqualify Mr. Ruiz, I requested the opinion of Lynn E. Cook, AuD, FAAA, an audiologist with experience and expertise in law enforcement occupational audiology.

4. Attached to this declaration as Exhibit B are the following: my final medical review form dated September 1, 2006, a request for information dated May 8, 2006 (along with documents provided in response to the request), a request for information dated February 21, 2006 (along with documents provided in response to the request), and Mr. Ruiz=s FY 2006 Certificate of Medical Examination.
5. Attached to this declaration as Exhibit C is the recommendation of Dr. Cook dated August 23, 2006.
6. My determination regarding Mr. Ruiz was solely limited to his ability to perform the essential functions of the CSO position. I neither considered nor reached any conclusion about whether Mr. Ruiz=s failure to satisfy the hearing requirements associated with the CSO position disqualified him from other jobs (including other law enforcement jobs) or whether it substantially limited his day-to-day activities, including hearing.

I declare, under penalty of perjury, that the above information is true and correct.

8/5/08
Date



Louis G., Chelton, III, M.D.

Exhibit A to Dr. Chelton's Declaration

Louis Guy Chelton, III, M.D., M.P.H.

Address: 80 Rivershyre Circle
Lawrenceville, Georgia 30043
Telephone: 770 307-6895
Facsimile: 770 338-5852

EDUCATION:

1972 B.A., Williams College, Williamstown, Massachusetts
1976 M.D., University of Michigan School of Medicine, Ann Arbor, Michigan
1976-77 Categorical Diversified Internship, Grady Memorial Hospital, Atlanta, Georgia
1977-79 Neurosurgical Residency, Emory University Hospital, Atlanta, Georgia
2000 M.P.H., Rollins School of Public Health, Emory University, Atlanta, Georgia

EXPERIENCE:

1980-83 Director of Emergency Services, Button Gwinnett Hospital, Lawrenceville, Georgia
1981-83 Director of Emergency Services, Buford General Hospital, Buford, Georgia
1980-83 Medical Director, Gwinnett Ambulance Service, Lawrenceville, Georgia
1982-85 Director of Emergency Services, Forsyth County Hospital, Cumming, Georgia
1985-90 Chief Emergency Physician, Lakeside Community Hospital, Cumming, Georgia
1982-90 Medical Director, Forsyth County Ambulance Service, Cumming, Georgia
1982-99 Medical Director, Forsyth County Jail, Cumming, Georgia
1987-88 Medical Director, Piedmont Medical Care Clinic at the Candler Building, Atlanta, Georgia
1989-91 Medical Director, Gwinnett County Correctional Institutions, Lawrenceville, Georgia
1990-93 Medical Director, Phillips Correctional Institution, Buford, Georgia
1990-94 Primary Care Practice, Gwinnett Priority Care Clinic, Duluth, Georgia
1995-2000 Primary Care Practice, Northwoods Family Care Center, Cumming, Georgia
2001-02 Occupational Medical Practice, Concentra Medical Services, Atlanta, Georgia
2002-present Medical Review Officer, Federal Occupational Health, Atlanta, Georgia

HONORS:

2/Louis Guy Chelton, III, M.D., M.P.H.

1968 Star Student, National Merit Finalist, National Honor Society
1972 Phi Beta Kappa, Cum Laude

PROFESSIONAL MEMBERSHIPS:

1979-93 Southern Medical Association
1979-83 Dekalb Medical Society
1979- Medical Association of Georgia
1979- American Medical Association
1980- Gwinnett-Forsyth Medical Society
1995- American Public Health Association
1998- American Society of Law, Medicine and Ethics
1983 Elected Representative from Gwinnett Hospital System to the
 Hospital Medical Staff Section of the Medical Association of Georgia
1985 & 2000 Appointee to the Medical Association of Georgia Committee on
 Correctional Medicine

Exhibit B to Dr. Chelton's Declaration

**Judicial Security Division
Medical Review Form**

LE Incumbent Name: Ramundo Ruiz Date of Birth: _____ Age: 59 Gender: M
SSN: _____ LE Incumbent Court Security Officer
Examining Facility: , ,
Circuit 5

Report of Medical Examination: Date: 12/5/2005 This review is based on FY: 2006
Supplemental Medical Information: Date: 8/23/2006

YOUR STATUS IS: Not medically qualified to perform the essential functions of the job

The following medical condition(s) poses a significant risk to the health and safety of yourself and/or others in the performance of essential job functions. Medical follow-up, if requested, and any restriction of duties are listed below. Send medical information to your employer.

According to the results of the functional hearing tests provided by the applicant's audiologist on 12/16/2005, the applicant has a significant hearing loss in the conversational range. We consulted our occupational audiology specialist regarding the significance of these findings. Our audiologist made the following comments:

"This individual is at significant risk for failure to detect, recognize, discriminate, and localize speech and other auditory stimuli in both ears. This is evidenced by his elevated speech reception thresholds in both ears, as well as his failure to achieve normal speech recognition except at very high presentation levels that exceed the level of normal conversational speech.

Hearing aids in their present form are not able to restore those with sensori-neural hearing loss to the level of normal function. He fails to meet the hearing standards established by this agency."

Therefore, the tests confirm the applicant's decreased ability to hear soft sounds and to distinguish speech, especially in background noise. The applicant's reduced ability to perform these essential CSO functions poses a significant risk to the health and safety of himself, other co-workers, and the public.

Review Date: 09/01/2006
Judicial Security Division Reviewing Physician:


L. Chelton, MD, MPH

Ruiz-00080

Dear Ms. Judy Wimberly,
Chief Administrator

June 12, 2006

L Chelton, MD, MPH,
Judicial Security Division

It gives me great pleasure to forward correspondence concerning my **Medical Follow-up / Fiscal Year 2006** pertaining to my hearing. The hearing test was conducted on June 8, 2006 at the VICTORIA ENT HEARING CENTER, Victoria, Texas. Dean Flyger, M.A., F.A.A.A conducted the test.

Inclosed you will find the required completed documents request by USMS Judicial Security Division.

As previously stated, it is my intention to meet all medical requirements and hope that the medical information provided is sufficient to verify that I am medically qualified for duty, and am able to perform any and all task assigned.

Should the Judicial Security Division require further testing or additional information, please feel free to inquire.

Thanks in advance for your consideration in this matter.

Sincerely,


Ramundo Ruiz
CSO

Judicial Security Division

Medical Review Form

LE Incumbent Name: Ramundo Ruiz Date of Birth: _____ Age: 59 Gender: M
 SSN: _____ LE Incumbent Court Security Officer
 Examining Facility: _____
 Circuit 5 STX

Report of Medical Examination: _____ Date: 12/5/2005 This review is based on FY: 2006
 Supplemental Medical Information: _____ Date: 3/23/2006

YOUR STATUS IS: Medical determination deferred pending further documentation

Incumbent has medical findings which may hinder safe and efficient performance of essential job functions. Please provide the following detailed or diagnostic medical information. Per agency request, if further information is not provided, a determination will be made based on available medical information. Send medical information to your employer.

The written request below should be provided to the treating physician, or other applicable health care provider(s), such as an audiologist. Failure to provide the requested information or the failure to demonstrate that the medical condition(s) in question has been satisfactorily treated/resolved could result in medical disqualification. Individuals who are medically disqualified are not allowed by the Marshals Service to serve as Court Security Officers. In addition to the medical information requested below, the CSO applicant or incumbent and/or the treating physician should be encouraged to provide any additional written opinions or comments and any other copied records that may be useful in reaching a determination of medical qualification.

Thank you for providing the requested repeat pure tone audiogram. This study confirms that the CSO's hearing has deteriorated significantly since prior testing. Therefore, additional functional hearing tests area required.

The CSO wears hearing aid(s). Judicial Security Division policy requires that the CSO meet basic hearing standards without hearing aids to be medically qualified. The protocol below is meant to assess the CSO's hearing without hearing amplification. If the CSO meets the requirements for qualification on these tests, additional tests done while wearing hearing aid(s) must then be performed.

The CSO must see an ear, nose and throat (ENT) physician or audiologist for further functional hearing tests. It is recommended that these tests be performed after a 14-hour quiet period (no loud noises such as gunfire, motors, highway driving, radio earphones). The evaluation MUST include the following. It is important to fax a copy of these tests to the service provider prior to the appointment in order to be absolutely sure that the provider can perform these tests as requested:

Testing should be done on an audiometer meeting ANSI Standard S3.6 (1969, reaffirmed 1996), in a test chamber meeting ANSI Standard S3.1. Both audiometer calibration and booth certification should be current within one year. Testing should be done using insert phones, TDH-39 earphones, or TDH-49 earphones. Sound field calibration shall meet the specifications of ISO 8253-2, 1992. Speech testing shall use recorded lists at the specified level. The evaluation must include:

a) Unaided pure tone air and bone conduction audiogram at the frequencies 250, 500, 1000, 2000, 3000, 4000, 6000 and 8000 Hz, with appropriate masking as needed.

FOR TESTS B, C, AND D BELOW, PLEASE RECORD THE RESULTS IN THE SPACES PROVIDED, THEN DATE AND SIGN BELOW. PLEASE ALSO INCLUDE A COPY OF THE COMPLETED TEST RESULTS.

b) Unaided Speech Reception Threshold for each ear under headphones.

Right Ear 55 dB Left Ear 40 dB

c) Unaided Speech Recognition in quiet for each ear under headphones. Start at +40 dB SL, and present recorded version of NU-6 full list. If client achieves a score of 90% or better, this phase of the test may be terminated and results reported. If a score of less than 90% is obtained, vary presentation level either up or down as appropriate to achieve maximum score. Report %/Intensity function.

Right Ear 100 dB Right Ear 92 % Left Ear 80 dB Left Ear 96 %

LE Incumbent Name: Ramundo Ruiz Date of Birth: _____ Age: 59 Gender: M
 SSN: _____
 Examining Facility: _____
 Circuit 5

Report of Medical Examination:
 Supplemental Medical Information:

Date: 12/5/2005
 Date: 3/23/2006

This review is based on FY: 2006

d) Unaided Sound Field Speech Recognition in Noise. With client facing the speaker, using signal to noise ratio of +10 dB, signal and noise simultaneously emanating from a single speaker, using recorded NU-6 full list in speech noise. Begin at a presentation level of 60 dB HL with 50 dB HL of speech noise. If a score of 50% or better is obtained, test may be terminated. If a score of less than 50% is obtained, vary presentation level up or down to achieve maximum score. Patient may move his/her head to maximize performance. Signal-to-noise ratio of + 10 dB must be maintained.

Sound Field: Signal 60 dB Noise 50 dB Speech Recognition 80 %

06/08/2006 Dean D. Flyger, M.A., F.A.A. [Signature]
 DATE PRINTED NAME OF TESTER, degree SIGNATURE OF TESTER

(361) 573-4832 117 Medical Dr. Suite #2, Victoria, TX 77904
 TELEPHONE NUMBER AND ADDRESS (OR ATTACH A LETTERHEAD OR BUSINESS CARD)

Review Date: 05/08/2006

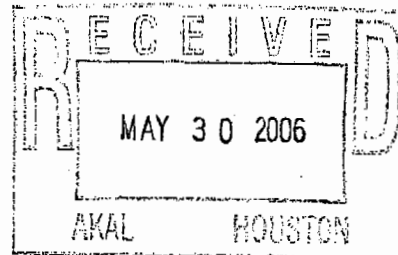
Judicial Security Division Reviewing Physician:

[Signature]
 L. Chelton, MD, MPH



DEAN FLYGER
 M.A., F.A.A.
 Audiology, Hearing Aids
 Dizziness and Balance

117 Medical Drive, Suite 2
 Victoria, Texas 77904
 (361) 573-4832
 FAX (361) 575-6244
 E-mail: dflyger@victoriaent.com



NOISID MAY 23 2006
 JUDICIAL SECURITY
 2006 MAY 17 PM 2:23
 RECEIVED
 US MARSHALS SERVICE

CLINICAL AUDIOLOGISTS
M. PARROTT AGUIRRE, MS, FAAA
MARLENE HENNESSEY, MS, FAAA
DEAN FLYGER, MA, FAAA
AUDIOMETRIC TECHNICIAN
CINDY DURHAM, COHC

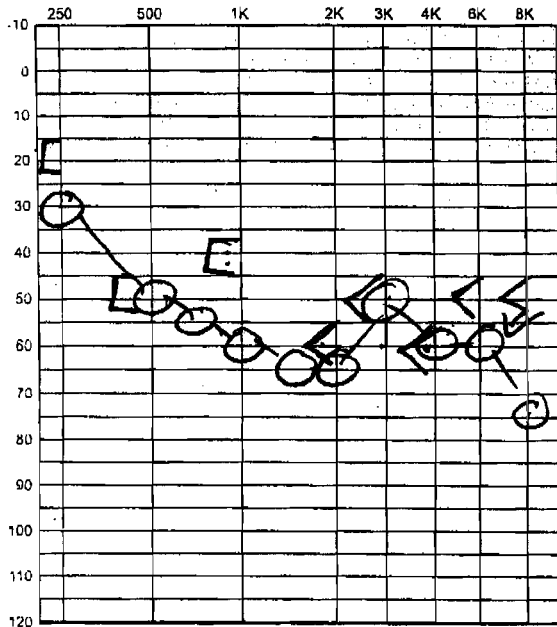
VICTORIA ENT HEARING CENTER
VICTORIA ENT ASSOCIATES
117 Medical Drive, Suite #2, Victoria, Texas 77904-3102
Telephone (361) 573-4832
Fax (361) 575-6244



NAME Ruiz, Ramundo AGE / DOB 59 yrs ER-3A EARPONES ☒
DATE 06/08/2006 RELIABILITY Good PLAY AUDIOMETRY ☐
PRE-OP AUDIO ☐
POST-OP AUDIO ☐
AUDIOMETER: GSI 61 ☒ # 20020277 ☐ # AA041452

AUDIOMETRIC EXAMINATION

RIGHT EAR

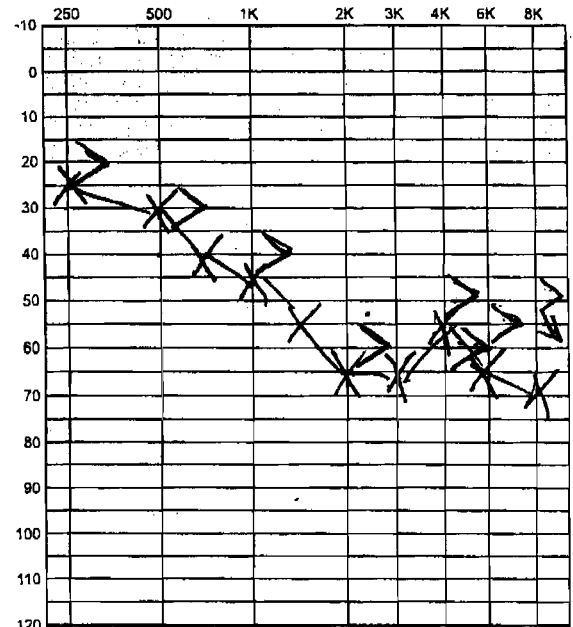


RIGHT	TEST	LEFT
<input type="radio"/>	Air Cond	<input checked="" type="radio"/>
<input type="radio"/>	Air Cond masked	<input type="radio"/>
<input type="radio"/>	Bone Cond	<input type="radio"/>
<input type="radio"/>	Bone Cond masked	<input type="radio"/>

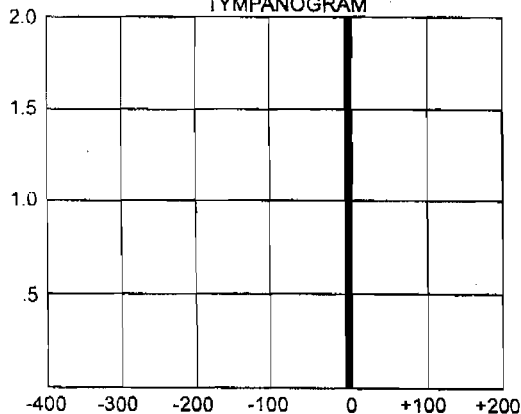
SPEECH TESTING

Right	Test	Left
55	SRT	40
88%	DISC	96%
95	MCL	80
	UCL	
	SDT	

LEFT EAR



TYMPANOGRAM



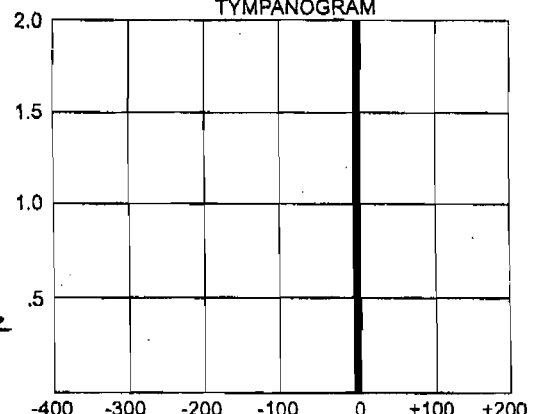
COMMENTS:

Discr
100dB
92%

Speech in Noise
60 dB Sig 50 Noise
DIX HALLPIKE
80%

- ☐ NEGATIVE
☐ POSITIVE
☐ AD ☐ AS ☐ AU

TYMPANOGRAM



M.E. PRESSURE	E.C. VOLUME	COMPLIANCE

IPSILATERAL ACOUSTIC REFLEX			
500	1000	2000	4000

Ruiz-00087

Judicial Security Division**Medical Review Form**

LE Incumbent Name: Ramundo Ruiz Date of Birth: _____ Age: 59 Gender: M
 SSN: _____ LE Incumbent Court Security Officer
 Examining Facility: _____
 Circuit 5

Report of Medical Examination: **Date: 12/5/2005** This review is based on FY: 2006
 Supplemental Medical Information: **Date: 3/23/2006**

YOUR STATUS IS: Medical determination deferred pending further documentation

Incumbent has medical findings which may hinder safe and efficient performance of essential job functions. Please provide the following detailed or diagnostic medical information. Per agency request, if further information is not provided, a determination will be made based on available medical information. Send medical information to your employer.

The written request below should be provided to the treating physician, or other applicable health care provider(s), such as an audiologist. Failure to provide the requested information or the failure to demonstrate that the medical condition(s) in question has been satisfactorily treated/resolved could result in medical disqualification. Individuals who are medically disqualified are not allowed by the Marshals Service to serve as Court Security Officers. In addition to the medical information requested below, the CSO applicant or incumbent and/or the treating physician should be encouraged to provide any additional written opinions or comments and any other copied records that may be useful in reaching a determination of medical qualification.

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The CSO must see an ear, nose and throat (ENT) physician or audiologist for further functional hearing tests. It is recommended that these tests be performed after a 14-hour quiet period (no loud noises such as gunfire, motors, highway driving, radio earphones). The evaluation MUST include the following. It is important to fax a copy of these tests to the service provider prior to the appointment in order to be absolutely sure that the provider can perform these tests as requested:

Testing should be done on an audiometer meeting ANSI Standard S3.6 (1969, reaffirmed 1996), in a test chamber meeting ANSI Standard S3.1. Both audiometer calibration and booth certification should be current within one year. Testing should be done using insert phones, TDH-39 earphones, or TDH-49 earphones. Sound field calibration shall meet the specifications of ISO 8253-2, 1992. Speech testing shall use recorded lists at the specified level. The evaluation must include:

a) Unaided pure tone air and bone conduction audiogram at the frequencies 250, 500, 1000, 2000, 3000, 4000, 6000 and 8000 Hz, with appropriate masking as needed.

FOR TESTS B, C, AND D BELOW, PLEASE RECORD THE RESULTS IN THE SPACES PROVIDED, THEN DATE AND SIGN BELOW. PLEASE ALSO INCLUDE A COPY OF THE COMPLETED TEST RESULTS.

b) Unaided Speech Reception Threshold for each ear under headphones.

Right Ear _____ dB Left Ear _____ dB

c) Unaided Speech Recognition in quiet for each ear under headphones. Start at +40 dB SL, and present recorded version of NU-6 full list. If client achieves a score of 90% or better, this phase of the test may be terminated and results reported. If a score of less than 90% is obtained, vary presentation level either up or down as appropriate to achieve maximum score. Report %/Intensity function.

Right Ear _____ dB Right Ear _____ % Left Ear _____ dB Left Ear _____ %

LE Incumbent Name: Ramundo Ruiz Date of Birth: 69 Age: 69 Gender: M

SSN: LE Incumbent Court Security Officer

Examining Facility:
Circuit 5

Report of Medical Examination: Date: 12/5/2005 This review is based on FY: 2006
Supplemental Medical Information: Date: 3/23/2006

d) Unaided Sound Field Speech Recognition in Noise. With client facing the speaker, using signal to noise ratio of +10 dB, signal and noise simultaneously emanating from a single speaker, using recorded NU-6 full list in speech noise. Begin at a presentation level of 60 dB HL with 50 dB HL of speech noise. If a score of 50% or better is obtained, test may be terminated. If a score of less than 50% is obtained, vary presentation level up or down to achieve maximum score. Patient may move his/her head to maximize performance. Signal-to-noise ratio of + 10 dB must be maintained.

Sound Field: Signal dB Noise dB Speech Recognition %

DATE

PRINTED NAME OF TESTER, degree

SIGNATURE OF TESTER

TELEPHONE NUMBER AND ADDRESS (OR ATTACH A LETTERHEAD OR BUSINESS CARD)

Review Date: 05/08/2006

Judicial Security Division Reviewing Physician:



L. Chelton, MD, MPH

Judicial Security Division
Medical Review Form

LE Incumbent Name: **Ramundo Ruiz** Date of Birth: Age: **59** Gender: **M**
SSN: **LE Incumbent Court Security Officer**
Examining Facility: , ,
Circuit 5

Report of Medical Examination: **Date: 12/5/2005** This review is based on FY: **2006**
Supplemental Medical Information: **Date:**

YOUR STATUS IS: Medical determination deferred pending further documentation

Incumbent has medical findings which may hinder safe and efficient performance of essential job functions. Please provide the following detailed or diagnostic medical information. Per agency request, if further information is not provided, a determination will be made based on available medical information. Send medical information to your employer.

1. A history of pain or pressure in the chest has been reported. Please provide dates and details regarding this condition, including diagnosis, tests, treatment, impairment, restrictions, current status, and any other pertinent information.
2. Your screening audiogram needs to be repeated for confirmation. Have an audiologist or ear, nose, and throat doctor perform a repeat unaided pure tone audiogram at 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz in each ear after a 14 hour quiet period (no loud noises such as gunfire, motors, highway driving, radio earphones). You may choose to use earplugs to minimize noise during this 14 hour period. Provide a copy of the audiogram results.

Review Date: **02/21/2006**

Judicial Security Division Reviewing Physician:


L. Chelton, MD, MPH

Dear Judy Wimberley,
Chief Administrator

March 23, 2006

L. Chelton, MD, MPH
Judicial Security Division

Once again, as in the previous year 2005, I am providing information concerning my medical history as it pertains to the reported chest pains that I experienced years ago. The report was completed as requested.

Please be advised that there has been no change in my medical condition as it pertains to my cardiac status within the past year. I continue to receive excellent reports from my cardiologist Dr. Kurtis Krueger. As requested I am providing you with a REPORT OF HEARING EVALUATION conducted on December 16, 2005 at Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas.

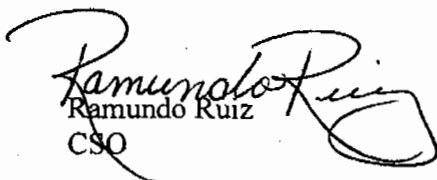
It has become clear the reason the question concerning my cardiac status continues to resurface each year. The **U.S. Marshals Service Medical Record Release Form** (Est. 07/00) Rev.03/01, as it pertains to Courts Security Officer Medical Records Release Form asks the question, "**HAVE YOU EVER HAD OR HAVE YOU NOW PAIN OR PRESSURE IN CHEST**". The answers are limited to, **YES CURRENT, YES PAST OR NO**. To answer **NO** in my case would be untrue and therefor compromising my integrity. I would suggest that a more practical question would be, **HAVE YOU IN THE PAST YEAR HAD OR HAVE YOU NOW PAIN OR PRESSURE IN CHEST**. Revising Form USM-229 to read as such would expedite medical clearance of AKAL employees and provide the employee to spend more time at the work place performing his or her duties.

Medical information provided last year concerning my cardiac status and medical history should be on file with either AKAL or the Judicial Security Division. But should further information be required, please feel free to inquire.

My intention is to meet all medical requirements and hope that the reported medical information is sufficient to verify that I am medically qualified for duty, and am able to perform any and all task assigned.

Your consideration in this matter is greatly appreciated.

Sincerely,


Ramundo Ruiz
CSO

Ruiz-00092

CSO/CSO Applicant: This form is for your convenience to ensure information is complete, as required by USMS. See attached JSD Medical Review Form, Issue # /

CSO/CSO Applicant Name: RAMUNDO RUIZ Circuit: 5TH District: SOUTHERN

To Be Completed by CSO/CSO Applicant (physician's report not required at this time):

A history of chest pain or pressure has been reported. Please provide the following information regarding this condition:

a. Dates, details, and diagnosis:

YEARS AGO, DATES UNKNOWN WAS EXPERIENCING WHAT I BELIEVED
TO BE CHEST PAINS, CHEST PAIN RULED OUT ANY CARDIAC DISEASE
DIAGNOSED AS ACID REFLUX. MEDICATION PRESCRIBED

b. Describe tests, treatment, etc:

STRESS TEST - GOOD, EKG NORMAL LIPID PROFILE - NORMAL
NO ABNORMALITIES NOTED

c. Describe current status:

CURRENT STATUS IS GOOD. NOT EXPERIENCING ANY
PHYSICAL PROBLEMS

d. Describe impairment and restrictions (if none, must state none):

NONE

e. Describe any other pertinent information:

SEE ATTACHED LETTER

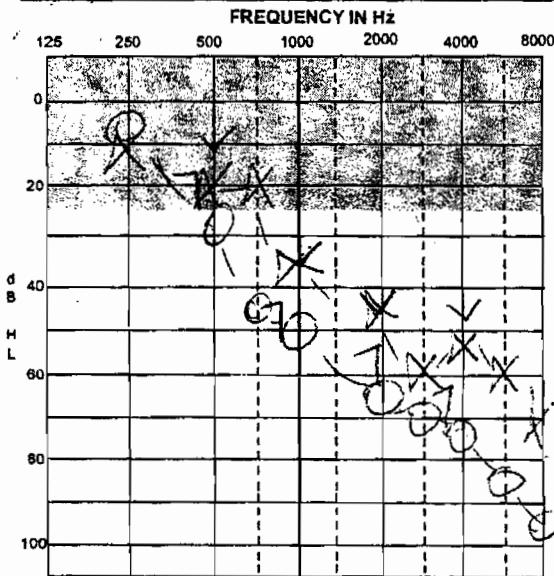
CSO/CSO Applicant Signature: Ramundo Ruiz Date: Mar 23, 2006

**If additional space is required please attach a letter*

REPORT OF HEARING EVALUATION

This form is subject to the Privacy Act of 1974. Use blanket PAS DD 2005.)

EXAMINER Myers @ 1300	DATE 16 Dec 05	AUDIOMETER (Make, Model, Ser. No.) 6161 C8522 Calibration Date: May 06	STANDARD ANSI S3.6-1996
---------------------------------	--------------------------	--	-----------------------------------

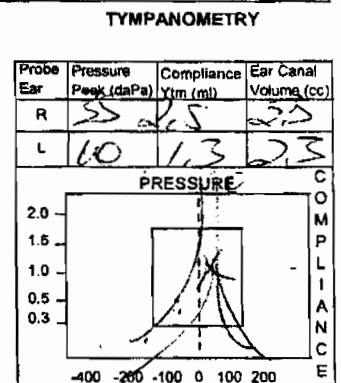


SPEECH AUDIOMETRY

EAR	PTA/FA	SRT	HL / PB%	HL / PB%	HL / PB%
R		50	80/90	1	1
L		30	80/97	1	1

TRANSFERRING

EAR	PTA/FA	SRT	HL / PB%	HL / PB%	HL / PB%
R		45	45		
L		45	45		



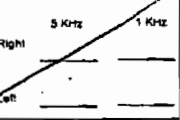
TRANSDUCER ☒ TDH ☐ INSERT ☐ SOUND FIELD (S or N)

LEFT (Blue)	AIR	MASKED	BONE	MASKED Mastoid/Forehead	No Response	DNT - Did Not Test
	X		>			NR - No Response
RIGHT (Red)	O	Δ	<			CNT - Could Not Test
						SAT - Speech Awareness Threshold

DIAGNOSTIC OAE

TEOAE	DPOAE
R/L	R/L
R/L	R/L
R/L	R/L

REFLEX DECAY



Hz	LEFT EAR								RIGHT EAR									
	250	500	1000	1500	2000	3000	4000	6000	8000	250	500	1000	1500	2000	3000	4000	6000	8000
A/C (Masked as needed)																		
B/C (Masked as needed)																		

NEW ☒ ESTABLISHED PATIENT ☐ Medical Records Available for Appointment: ☐ Yes ☒ No RELIABILITY: ☒ Good ☐ Fair ☐ Poor

s 59 yio male in for audio. Pt reports ear popped As about 2 mos ago (been full ever since). @ constant tinnitus As. @ vertigo @ ear ringing @ family @ noise exp (paratrooper/MP). pt interested in new HTAs.

O See Above otoscopy unremarkable As.

A Normal tym As. Hypercompliant As. Abnormal reflexes As. Normal to severe SNHL As. Normal to profound SNHL As. Symmetrical HL. SRTs consistent w/ HL (asymmetrical). Good word rec As.

* Refer to ENT for asymmetry / Aural fullness As.

* Recommend new binocular amplification.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-Last, First, Middle, grade, date, hospital or medical facility)

Ruiz, Ramundo
201

AES

PROVIDER STAMP/SIGNATURE

David Pedersen

DAVID G. PEDERSEN, CAPT, USAF, BSC

STAFF AUDIOLOGIST

PC#709-13N

WILFORD HALL MEDICAL CENTER

APRIL J. MYERS, 1LT, USAF, BSC
CHIEF, AIR FORCE COCHLEAR IMPLANT PRO
PC# 70913L

WILFORD HALL MEDICAL CENTER

WHMC 3323, 20050501, V1

Ruiz-00094

2194423

U.S. Department of Justice
United States Marshals Service



Ruiz, Ramundo
5th Circuit - STX
DOE 12/5/05 FY 2006

Certificate of Medical Examination for Court Security Officers

NOTE: (Applies to **AKAL SECURITY**)
Effective Oc
employment

Revised 04/01/03

Physician & Clinic:

- For direct billing, send invoice with CSO or Applicant name & date of exam to:
Akai Security Inc, Attn: Accts Payable, P.O. Box 1197, Santa Cruz, NM 87567
- Akai pays for Annual Medical Exams only. Do not bill for New Applicant Exams.
- After exam, send all ORIGINALS with the CSO or Applicant, to include all lab work.

CSO Annual Medical Exam:

- Before exam: CSO must refer to the attached Medical Exam Checklist for instructions.
- After exam: CSO must complete remainder of Medical Exam Checklist. When exam is complete, place originals in sealed envelope, attach checklist, and give to SS/LCSO. Please retain a copy for your records.
- SS/LCSO: Send completed exam via U.S. Mail to the Houston Branch Office:
Akai Security Inc, Attn: Medical Dept., 1110 Kingwood Drive # 203, Kingwood, TX 77339

New Hire Applicant Medical Exam:

- Before exam: Applicant must refer to the attached Medical Exam Checklist for instructions.
- After exam: Applicant must complete remainder of Medical Exam Checklist. Return the completed medical exam to SS/LCSO. Please retain a copy for your records.
- SS/LCSO: Insert completed exam into Applicant Hiring Package to be sent to Akai

For assistance, please call the Medical Department of the Houston Branch Office: (281) 359-5200

Purpose of Examination:

- ☐ New Applicant Exam
☒ Annual Medical Exam

Name: Ramundo Ruiz

District: Southern

US MARSHALS SERVICE
RECEIVED
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JUDICIAL SECURITY
DIVISION

DEC 28 2005

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Form USM-229
(Est. 07/00)
Rev. 03/01

Ruiz-00096

INSTRUCTIONS

PART I-COURT SECURITY OFFICER MEDICAL RELEASE FORM

This part is reserved for the examinee and physician. The examinee must complete this section in its entirety and sign the form. The physician or an employee of the physician's office must sign as a witness.

PART II-COURT SECURITY OFFICER IDENTIFICATION

This part is reserved for the examinee. Please complete this section in its entirety.

PART III-REPORT OF MEDICAL HISTORY

This part is reserved for the examinee. All questions in this part must be answered. Failure to complete information requested may delay the United States Marshals Service from qualifying you as a Court Security Officer in a timely manner and could disqualify you to perform as a Court Security Officer. You must also sign and date, in ink, on the signature area provided on page four of the form.

PART IV-MEDICAL HISTORY VERIFICATION

This part is reserved for the examining physician. The examining physician is required to interview the examinee and verify that the examinee's information provided in Parts I and II are accurate and complete. All positive findings must be explained as to date and significance. Any additional pertinent medical history information developed during the interview may also be recorded in this section.

PART V-CSO PHYSICAL REQUIREMENTS

This part is provided to familiarize the examining physician with the physical challenges that the examinee may face while working in court security officer capacity. All examining physicians are required to review this part prior to performing the examination on the examinee.

PART VI-MEDICAL EXAMINATION DATA

This part is reserved for the examining physician. Please perform the examination and give a detailed description of your findings in this area.

PART VII-EXAMINATION SUMMARY

This part is reserved for the examining physician. Please complete and explain fully any significant findings or limitations and type of followup recommended. Your summary should also include significant lab test findings. **NO MEDICAL QUALIFICATION STATEMENT IS TO BE MADE.**

Pages not concerning hearing
status have been redacted

NAME: (Last, First, Middle) Ruiz Ramundo DATE OF BIRTH: _____**PART VI—MEDICAL EXAMINATION DATA (To be completed by Examining Physician)**

NOTE TO EXAMINING PHYSICIAN: As you make your examination and report your findings and conclusions, please consider the job description, function requirements, environmental factors, and medical standards for the Contract Court Security Officer position. List any abnormalities under each examination.

1. MEASUREMENTS:

A. Height: 5 Feet 5 Inches B. Weight: 181 Pounds

2. VISION:A. Distant vision (Snellen)

1. Without glasses or contacts: Right: 20 / _____ Left: 20 / _____ Both: 20 / _____
 2. With glasses or contacts, if worn: Right: 20 / 20 Left: 20 / 20 Both: 20 / 20

B. Near Vision:

1. Without glasses or contacts: Right: 20 / _____ Left: 20 / _____ Both: 20 / _____
 2. With glasses or contacts, if worn: Right: 20 / 30 Left: 20 / 30 Both: 20 / 30

Testing was done (with) without correction (circle one).

C. Color Vision: Testing must be performed using Ishihara (or comparable) Pseudo-Isochromatic Plates.

A minimum of 14 plates must be reported: 13 plates correct of 14 total plates.

D. Depth Perception: Results must be recorded in seconds of arc.

Type of test: Hunter vision tester Score: 90 / 100 Seconds of arc: 25

3. HEARING:

Using an audiometer for measurement, hearing must be demonstrated in each ear at 500, 1000, 2000, 3000, and 4000 Hz in a sound controlled booth. Results must show the lowest sound intensity, numerically in decibels, at which the tone can be heard, in each ear, at each frequency.

No hearing aids are to be used during the audiometer testing. Each ear must be tested separately. Please indicate using a check mark, whether a examinee wears a hearing aid(s).

☐ The examinee does not wear a hearing aid.

☒ The examinee wears a hearing aid as follows:

Left Ear _____ Right Ear _____ Both Ears ☒

EXAM RESULTS:

	500	1000	2000	3000	4000
L	<u>20</u>	<u>35</u>	<u>50</u>	<u>55</u>	<u>65</u>
R	<u>30</u>	<u>55</u>	<u>70</u>	<u>70</u>	<u>75</u>

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Occupational Marketing, Inc.
North Loop West, Suite 217
Houston, Texas 77008
800-869-6783

NOTIFICATION OF AUDIOMETRY TEST RESULTS

ID:
Name: Ruiz, Ramundo
Company: AKAL Security
Location:
Department:

Gender: M
DOB:
Badge:
Operator: DR
Version: 113

Audiometer Brand: Maico Model: 800 S/N: 20423 Calibration Date: 06/28/2005

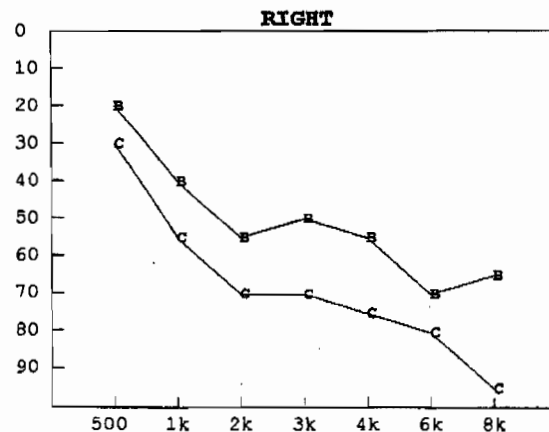
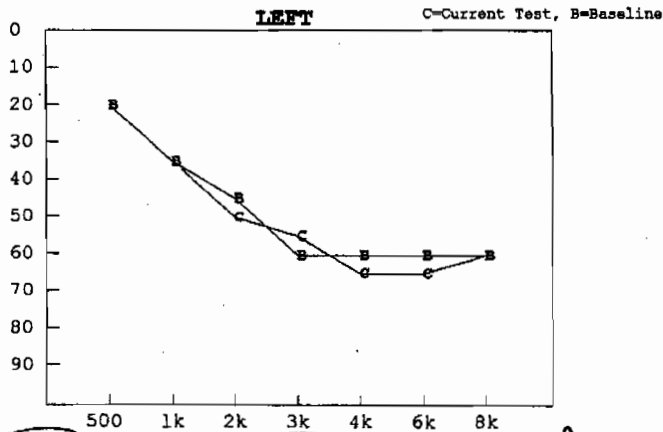
	LEFT Current Test Results								RIGHT							
	500	1k	2k	3k	4k	6k	8k	500	1k	2k	3k	4k	6k	8k		
12/05/2005 08:55	20	35	50	55	65	65	60	30	55	70	70	75	80	NR		

Your left ear hearing test results showed a moderate hearing loss in the speech range (low and mid pitches) and a severe hearing loss in the high frequencies (pitches). Your right ear hearing test results showed a severe hearing loss in the speech range (low and mid pitches) and a severe hearing loss in the high frequencies (pitches).

These test results show a significant difference in your hearing between ears at some or all of the frequencies (pitches) tested. It may be caused by something other than noise or aging and medical evaluation is recommended.

When compared to your current baseline, this hearing test shows a significant decrease in your hearing in the amount defined by OSHA as a Standard Threshold Shift. In accordance with OSHA guidelines, it is mandatory that you wear hearing protection devices.

If an ear specialist has never diagnosed the cause of your hearing problem, you should consult one at this time. If you have not seen an ear specialist for this problem in the last two years, it is recommended that you have a follow-up visit. It is important to have your hearing tested annually in order to detect any changes in your hearing. To protect your hearing, wear properly fitted and maintained hearing protection when you are in a noise hazardous area, whether on or off the job.



Employee Signature

Technician Signature/CERT

Date

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